

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

*Request of reinstatement
for Class C Charter
Cert.*

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2010. 272-T
NUMBER: 2009. 113 - T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Tom Martin
Address: 3513 Arrowhead Blvd
MB, SC 29579

Telephone: (631) 826-1979
Fax: _____
Other: _____
Email: _____

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application – Class C Taxi
- ☐ Application – Class C Charter
- ☐ Application – Class C Charter Bus
- ☐ Application – Class C Non-Emergency
- ☐ Application – Class E Household Goods
- ☐ Application – Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☒ Request for Reinstatement
- ☐ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
OCT 14 2010
PSC SC
CLERK'S OFFICE

CLASS C REINSTATEMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 10/14/10

Please consider this an application for Reinstatement of my:

- ☐ Taxi Certificate Number _____
- ☒ Charter Certificate Number 8096
- ☐ Charter Bus Certificate Number _____
- ☐ Non-Emergency Certificate Number _____

My certificate was revoked/cancelled on 10/7/10 because we fail to
(DATE)

pay local RN fees for last half year 2010

I am seeking reinstatement because we are now prepared to
register a vehicle under charter and pay
fees

Tom Martin DBA Tom's Taxi
(Name of Company) (if applicable)

3513 Arrowhead Blvd.
(Street Address)

(Mailing Address if different from Street Address)

Myrtle Beach, SC
(City, State, Zip Code) 29579

Thomas Martin
(Signature)

(631) 820-1979
(Telephone Number)

owner
(Title) Owner, President, etc.